



Application compensation EZK **SIXTH** period

As an entrepreneur in the Caribbean Netherlands, you can apply for a sixth compensation towards your fixed expenses if you are affected by the corona crisis. This is a new regulation from the Ministry of Economic Affairs and Climate (EZK). You must meet the following conditions to be eligible for this regulation:

- Your company had a loss of revenue of at least thirty percent in the months April through June **2021**, compared to the same period in **2019**, due to the coronavirus. *(If your company was not yet active in April - June 2019, you may still be eligible. Visit the Q&A's page on our website for more information).*
- Your company is located in the Caribbean Netherlands (Bonaire, Saba, St. Eustatius)
- On March 13th 2020, your company was known to the tax office (BCN) as an active company.
- Your company has a business establishment at a different address than your home address, or at the same address but clearly separated from your home with its own entrance. Or, you have a company for which it is evident that you have no establishment at all.
- Your company is not a public company.
- Your company is not bankrupt and has not filed a petition for suspension of payments with the court.

This compensation is granted once per company (not per location). The regulation is implemented in the Caribbean Netherlands by the RCN-unit Social Affairs and Employment (SZW).

1. Company details	
Company name <i>(if sole proprietorship: trade name, if BV or NV: registered name)</i>	
Crib number	
Chamber of Commerce number	
Address	
Phone-number	
E-mail address	
On which date did your company start up?	<i>(dd-mm-yyyy)</i>
Briefly explain your business activities:	
Is your company located at a different address than your home address?	<input type="radio"/> No <input type="radio"/> Yes

If not, where is your company located?	<input type="radio"/> <i>My company does not have a physical location.</i> <input type="radio"/> <i>My company works from a separate space at my home address and has its own entrance.</i> <input type="radio"/> <i>My company operates from my living space.</i>
What was your total revenue during the months April up to and including June 20 <u>19</u> ?	\$
What was your total revenue during the months April up to and including June 20 <u>21</u> ?	\$
The amount that I can claim according to the calculation module on the RCN website falls into the category:	<input type="radio"/> <i>Less than \$ 6,000</i> <input type="radio"/> <i>\$ 6,000 or more. In this case, you must add the statement below and a copy of a valid ID from the person who signs the statement.</i>
Name of your bank	
Bank account number	

2. Personal details

First name	
Last name	
Date of birth	<i>(dd-mm-yyyy)</i>
ID card number	

3. Signature

I declare that all questions are answered truthfully. I understand that the provision of incorrect information or misuse of this arrangement has legal consequences and can lead to recovery of payment.	
Date	
Name	
Signature	

- ✓ Send this completed and signed form to tegemeetkomingEZK@rijksdienstcn.com.
PLEASE NOTE: THIS IS POSSIBLE UNTIL THE 31ST OF OCTOBER 2021 AT THE LATEST.
- ✓ Enclose a copy of your valid ID as an attachment.
- ✓ Enclose the statement below, including a copy of a valid ID from the signer, if you wish to apply for an amount of \$ 6.000 or more.

If necessary, the RCN unit SZW can request additional information from you, or make inquiries at the Chamber of Commerce, the Tax office (Belastingdienst) or other authorities.

4. Statement of revenue figures

The entrepreneur for whom you complete this statement applies for a compensation of \$ 6,000 or more. The revenue figures provided, must be signed by an independent person. This person should not be employed by the same company and must understand and check the numbers.

As the undersigned, you declare that the completed revenue figures are correct and are submitted to qualify for the third EZK allowance under the Regulation for Fixed Cost Subsidy for Affected Companies COVID -19 BES.

Your first and last name	
Your date of birth	(dd-mm-yyyy)
Your relationship to the applicant:	<input type="radio"/> <i>Bookkeeper</i> <input type="radio"/> <i>Accountant</i> <input type="radio"/> <i>Other, namely:</i>
Your company name (if applicable)	
I declare that the following information is correct:	
Name of company for whom you are completing this statement:	
Revenue April through June 20 <u>19</u> :	\$
Revenue April through June 20 <u>21</u> :	\$
I declare that this form has been completed truthfully. I understand that giving incorrect information or improper use has legal consequences.	
Date	(dd-mm-yyyy)
Signature	

- ✓ **The applicant will send your statement and a copy of your valid identity card with their application for the compensation. You don't have to hand in this document yourself at the RCN-unit SZW.**